

Notification of Wading Pool | Splash Pad Opening

Please complete this form and either fax to: 519-482-9014
or email to: inspections@hpph.ca

Name of Wading Pool or Splash Pad

Address

Name of Premise Owner

Phone #

Name of Premise Operator

Phone #

By filling out and forwarding this **Notification of Opening Form**, I am stating that I believe my **wading pool** or **splash pad** meets the basic criteria for opening.

This is to notify you that I intend to re-open the wading pool or splash pad for operation on:

(date)

Opening inspection is requested on:

(date)

The designated operator is:

Owner's Signature:

Owner's Address:

Note: Any changes to the above mentioned information shall be immediately indicated in writing to Huron Perth Public Health. In order to meet a request for the Public Health Inspector to attend the premises prior to the opening, **two weeks advance notice of the opening date is required.**

Personal information contained on this form is collected under the authority of the *Health Protection and Promotion Act* and in accordance with the *Personal Health Information Act* and/or the *(Municipal) Freedom of Information and Protection of Privacy Act*, for the purposes of proving public health programs and for statistical purposes. For more information, see www.hpph.ca/privacy